

American Association of Professional Apiculturists
New Membership and Renewal Form

March 1, _____ through February 28, _____

Please complete this form. If you are a new member, or if there have been changes to your membership information, please complete the other side of this form.

All memberships run from March 1 through February 28 of the following year.
Dues are not pro-rated.

New member

Renewal

Confirm membership status at <http://www.masterbeekeeper.org/aapa/>

Membership Status:

_____ **Active member:** Submit this application and a check for \$15/year to the Secretary.

_____ **Delinquent member:** Submit this application and a check for \$15/year to the Secretary.

_____ **Student member:** Submit this application and a check for \$15/year to the Secretary.

_____ **Associate member:** Return this application and a check for \$15/year to the Secretary.

_____ **Emeritus member:** Return this application to remain on the mailing list.

_____ **Complimentary mailing recipient:** Return this application to stay on mailing list.

I am enclosing a check for 1 year 2 years, 3 years, Other _____

Amount of check: \$ _____

Make checks payable to: AAPA

Mail completed form and check to:

AAPA
c/o Lanie Bourgeois
USDA-ARS
Honey Bee Breeding, Genetics and Physiology Lab
1157 Ben Hur Road
Baton Rouge, LA 70820

American Association of Professional Apiculturists
New Member Information and Update Form

Please Print Clearly

Renewal with No Changes

Name: _____

Title: _____

Address: _____

Institutional Affiliation: _____

Phone: () _____ FAX: () _____

E-mail: _____

Mail completed form to:

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